

FALLS



Summary

Injury due to falls¹ is the leading cause of injury hospitalization for Washington children ages 0-17. Hospitalization rates due to falls are similar in every age group of Washington children. Hospitalization due to falls is more common among males than females, especially for males 15-17 years old.

Fall injuries may be prevented by using stationary activity centers for infants instead of those on wheels, having safety gates at the top and bottom of stairs in homes when young children are present, installing window guards, and having playgrounds meet safety guidelines. For suicide prevention strategies, see the Suicide chapter.

REAL STORIES OF FALL DEATHS INVOLVING WASHINGTON CHILDREN

Bryan, age 10, fell after hopping on to a banister at school to slide down the banister. He slipped and fell down the stairs.

Jennifer, age 17, died after committing suicide by jumping from a bridge into a river. She was reported to be unhappy over being teased at school.

Ed, age 2, fell out of a second floor window. There was a box under the window that he used to climb up to the window. The window did not have a window guard.

¹ Includes falls from steps or stairs; ladders or scaffolds; one level to another (such as playground equipment, cliff, chair, or bed); out of a building or other structure; into a hole; slipping or tripping; jumping or being pushed from a high place; and other and unspecified falls.

- Supervise young children when using a changing table, or when they are on other furniture.
- Use stationary activity centers in place of baby walkers on wheels.
- Use safety gates at the top and bottom of stairs when a young child is present.
- Move chairs and furniture away from windows.
- Install window guards that meet new federal standards for emergency exits on windows located on the ground floor and up.
- Open double-hung windows from the top only.
- Children should not play on fire escapes, roofs and balconies, especially those that are not adequately fenced with vertical bars spaced more than four inches apart.
- Playground surfaces should be able to absorb the shock of falls. Good surface materials include shredded rubber, wood chips, and sand. Avoid playgrounds with asphalt, concrete, grass, and dirt surfaces. **See other playground tips under prevention strategies for communities.**
- **See Suicide chapter for more information on suicide prevention.**

*PREVENTION STRATEGIES FOR COMMUNITIES**FALLS*

- Raise community awareness about prevention of injuries due to falls.
- Advocate for community-wide programs to encourage the use of window guards.
- Encourage adoption of playground equipment standards.
- Advocate for community playgrounds to meet the U.S. Consumer Product Safety Commission Guidelines (available at www.cpsc.gov/cpscpub/pubs/325.pdf, page 46).
- Tips to help ensure playground safety include:
 - The surface underneath playground equipment must have at least 12 inches of wood chips, mulch, sand, or pea gravel, or mats made of safety-tested rubber or rubber-like materials.
 - Check that protective surfacing extends at least six feet in all directions beyond play equipment. For swings, the protective surfacing, in back and front, should extend twice the height of the suspending bar.
 - Make sure play structures more than 30 inches high are spaced at least nine feet apart.
 - Check for dangerous hardware, like open "S" hooks or protruding bolt ends.
 - Make sure spaces that could trap children, such as openings in guardrails or between ladder rungs, measure less than 3.5 inches or more than 9 inches.
 - Check for sharp points or edges in equipment.
 - Look out for tripping hazards, like exposed concrete footings, tree stumps, and rocks.
 - Make sure elevated surfaces, like platforms and ramps, have guardrails to prevent falls.
 - Check playgrounds regularly to see that equipment and surfacing are in good condition.
 - Supervise children on playgrounds.
- Inquire about playground maintenance schedules.
- Ensure that playground equipment is age-appropriate, and that children are supervised while on the playground.

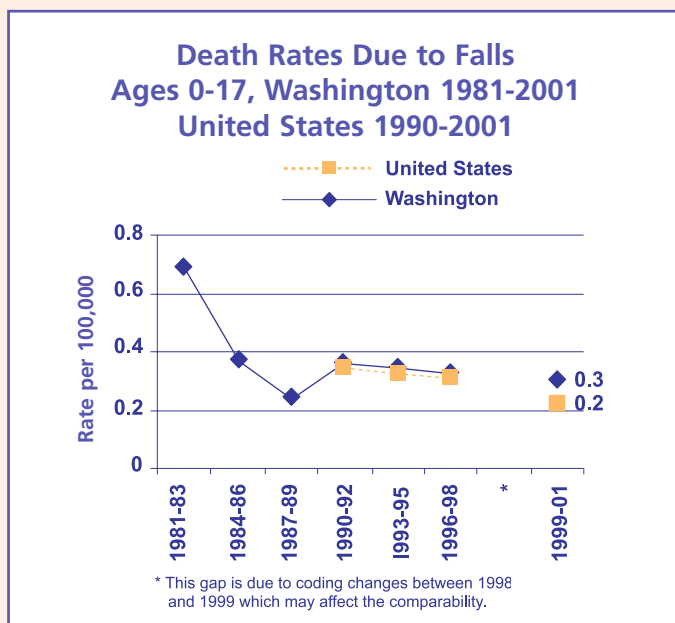
Number of Injuries²

During 1999-2001, injuries due to falls were the leading cause of injury hospitalization for Washington children 0-17 years old. Injuries due to falls account for an annual average of:

- 5 deaths.
- 804 hospitalizations.
- About 54,300 visits to a hospital emergency department.

Time Trends³

There was no statistically significant change in the death rate due to falls for Washington children 0-17 years old, from the three-year time period of 1981-83 to 1999-2001. Because of the small number of deaths due to falls, there is insufficient data to detect a statistically significant trend in death rates over time. Death rates due to falls in Washington have been similar to national rates since 1990.⁴



² Unless otherwise specified, data are for fall injuries among Washington children 0-17 years old during 1999-2001. Rates are per 100,000 children who are Washington residents.

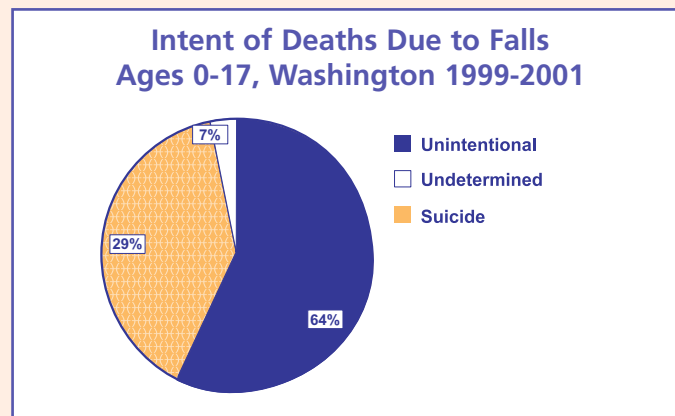
³ See Comparability Ratio section in Appendix D.

⁴ National injury death rates for children 0-17 years old are not available prior to 1990.

⁵ Fall-related death rates were not examined by age and gender because of the small number of deaths.

Intent

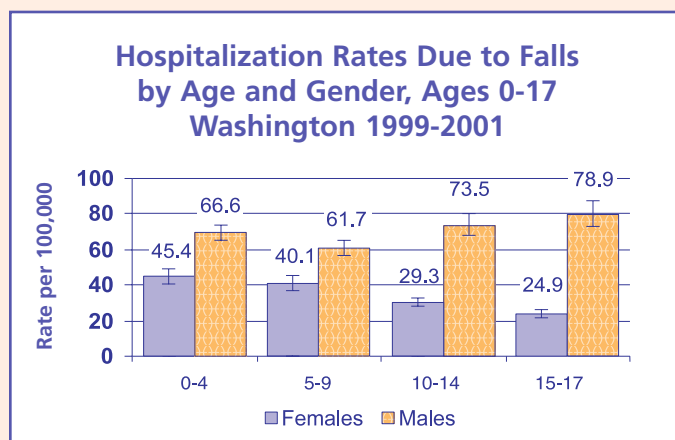
About two-thirds of the fall deaths among Washington children 0-17 years old were unintentional, while 29 percent were suicides. The four suicides occurred among teens, ages 16 and 17 years old. Almost all of the hospitalizations due to falls (99 percent) were unintentional.



Age and Gender⁵

Hospitalization rates due to falls among Washington children 0-17 years old were similar in every age group.

Overall, males had a hospitalization rate due to falls that was about two times higher than females. Males 0-9 years old had a hospitalization rate due to falls that was about 50 percent higher than females, while males 15-17 years old had a hospitalization rate that was three times higher than females. The hospitalization rate for females significantly decreased with age.



Types of falls

The most common type of fall leading to hospitalization among Washington children 0-17 years old is a fall from one level to another, such as from playground equipment or a bed.

CIRCUMSTANCES SURROUNDING DEATHS FROM WASHINGTON CHILD DEATH REVIEW DATA

Local child death review teams reviewed 11 out of the 14 fall deaths⁶ during 1999-2001. Key findings include:

- Children fell from a natural elevation (such as a cliff), a bridge, the same elevation (for example, tripping), a window, and a banister.
- None of the children who died were in a baby walker at the time of the fall.
- Seven of the 11 deaths were to children 15-17 years old.
- The location of the falls included a street or highway, school, park, child's residence, hotel, and after-school program facility.
- Impairment by or use of alcohol or other drugs was a factor in two of the 11 deaths; the youth was the one impaired in both of the deaths.
- Teams concluded that seven of the 11 fall-related deaths were preventable, one was not preventable, and the teams were unable to determine preventability for three deaths.

⁶ See Small Numbers section of Appendix B.